

MAINE JUDICIAL BRANCH

\_\_\_\_\_ Plaintiff/Petitioner

"X" the court for filing:

Superior Court  District Court

County: \_\_\_\_\_

V.

Location (Town): \_\_\_\_\_

\_\_\_\_\_ Defendant/Respondent

Docket No.: \_\_\_\_\_

**PLEASE NOTE:** Look at the order you are requesting to register to determine whether you are the plaintiff/petitioner or defendant/respondent. You will be the same party in Maine for purposes of registering your order. You must provide an address for the other party where that person can be served or provided notice of this action.

**AFFIDAVIT AND REQUEST FOR REGISTRATION OF A FOREIGN ORDER**

14 M.R.S. §§ 8001-8008; 19-A M.R.S. §§ 1731-1783, 2801-3401

I am the  plaintiff/petitioner  defendant/respondent in a case from the State of \_\_\_\_\_.

**PLEASE NOTE:** If you wish to keep your address confidential, you may complete an Affidavit for Confidential Address (FM-057) and write "confidential" in the space for your address provided below. This form is available at the Clerk's Office or at [www.courts.maine.gov](http://www.courts.maine.gov).

**Address of plaintiff/petitioner:**

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

**Address of defendant/respondent:**

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

I declare that the attached order is in full force and effect in that state and, to the best of my knowledge and belief, the Order has not been modified, vacated, or stayed. I further declare that the court that issued the attached order had jurisdiction to do so.

The Order includes:  protection provisions  child custody provisions  support provisions.

**ADA Notice:** The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation contact the Court Access Coordinator, [accessibility@courts.maine.gov](mailto:accessibility@courts.maine.gov), or a court clerk.

**Language Services:** For language assistance and interpreters, contact a court clerk or [interpreters@courts.maine.gov](mailto:interpreters@courts.maine.gov).

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Check the boxes that apply:

A.  I request that the Order be registered in the State of Maine pursuant to the Uniform Enforcement of Foreign Judgments Act, 14 M.R.S. §§ 8001-8008, and that it be placed on file with this Court and with the \_\_\_\_\_ Police/Sheriff Department.

B.  I request that the Order be registered in the State of Maine pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, 19-A M.R.S. §§ 1731-1783.

I am filing a verified enforcement petition along with the Order and request expedited enforcement pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, 19-A M.R.S. § 1768.

C.  I, \_\_\_\_\_, request that the Order be registered in the State of Maine pursuant to the Uniform Interstate Family Support Act, 19-A M.R.S. §§ 2801-3401.

I request that the court forward a copy of the Order to the Department of Health and Human Services, Division of Support Enforcement & Recovery (DSER), for enforcement services. Additional action may be required on your part. Please contact DSER at (207) 624-4100 for more information.

I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to \$5,000 if I give false information to the court.

Date (mm/dd/yyyy): \_\_\_\_\_

Signature of  plaintiff/petitioner  defendant/respondent  
 Assistant Attorney General, DHHS

STATE OF MAINE

\_\_\_\_\_ County

Personally appeared the above named, \_\_\_\_\_, and made oath that the foregoing statements are true under penalty of perjury.

Date (mm/dd/yyyy): \_\_\_\_\_

Attorney at Law  Notary Public  Clerk

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